

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF 25	
1. CONTRACT/PURCH ORDER/AGREEMENT NO. F33657-01-D-XXXX			2. DELIVERY ORDER/CALL NO. QPXX		3. DATE OF ORDER/CALL (YYYYMMDD)		4. REQUISITION/PURCH REQUEST NO. FD2020-03-20251			5. PRIORITY	
6. ISSUED BY Department of the Air Force, Directorate of Contracting OO-ALC/YWK, Bldg. 1215 Hill AFB, UT 84056-5800 Contracting Officer: S. Brent Owens 801-777-8414				7. ADMINISTERED BY (If other than 6) DCMC Dayton Area C Building 30 1725 Van Patton Dr Wright-Patterson, AFB, OH 45433-5302		8. DELIVERY FOB <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other)					
9. CONTRACTOR NAME AND ADDRESS				10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD)		11. X IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED					
12. DISCOUNT TERMS Net 30				13. MAIL INVOICES TO THE ADDRESS IN BLOCK 15							
14. SHIP TO See Line Item Schedule				15. PAYMENT WILL BE MADE BY DFAS-Columbus Center DFAS-CO/New Dominion Division PO Box 182041 Columbus, OH 43218-2041				MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.			
16. TYPE OF ORDER		DELIVERY/CALL <input checked="" type="checkbox"/>		This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.							
PURCHASE		<input type="checkbox"/>		Reference your _____ furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.							
NAME OF CONTRACTOR _____ SIGNATURE _____ TYPED NAME AND TITLE _____ DATE SIGNED (YYYYMMDD) _____											
If this box is marked, supplier must sign Acceptance and return the following number of copies: _____											
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE											
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICES				20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT
*If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA BY: S. BRENT OWENS CONTRACTING/ORDERING OFFICER				25. TOTAL			
27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED:				26. DIFFERENCES							
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE						c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE			
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE						28. SHIP. NO.		29. D.O. VOUCHER NO.		30. INITIALS	
f. TELEPHONE NUMBER		g. E-MAIL ADDRESS				31. PAYMENT COMPLETE PARTIAL FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR	
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.						37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD)	
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER				40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	